



Washington State Department of Agriculture
Animal Services Division
Office of the State Veterinarian
PO Box 42577
Olympia WA 98504-2577
(360) 902-1878

CASHIER USE ONLY

APPLICATION FOR A SUBSTATION OR PLACE OF TRANSFER LICENSE

FEE: \$25.00 for each substation or place of transfer

APPLICANT INFORMATION				
NAME OF OPERATOR			TELEPHONE NUMBER ()	
FIRM NAME				
MAILING ADDRESS			PHYSICAL LOCATION OF PREMISES	
MAILING CITY, STATE, ZIP			PHYSICAL LOCATION CITY, STATE, ZIP	
NAME OF FIRM DEAD ANIMALS WILL BE DELIVERED TO			TELEPHONE NUMBER ()	
VEHICLE INFORMATION				
COMPLETE ADDRESS WHERE VEHICLES WILL BE GARAGED				NUMBER OF VEHICLES
VEHICLE #1 YEAR MODEL	VEHICLE #1 MAKE	VEHICLE #1 LICENSE NUMBER/STATE	VEHICLE #1 DESCRIPTION	
VEHICLE #2 YEAR MODEL	VEHICLE #2 MAKE	VEHICLE #2 LICENSE NUMBER/STATE	VEHICLE #2 DESCRIPTION	
VEHICLE #3 YEAR MODEL	VEHICLE #3 MAKE	VEHICLE #3 LICENSE NUMBER/STATE	VEHICLE #3 DESCRIPTION (ATTACH ADDITIONAL SHEET IF MORE THAN 3 VEHICLES)	
SUBSTATION OR PLACE OF TRANSFER TERRITORY INFORMATION				
CITIES TO BE SERVICED			COUNTIES TO BE SERVICED	
APPLICANT CERTIFICATION				
I hereby certify that animals or animal parts will not be unloaded until delivered to the rendering plant specified above, and/or substation or place of transfer. I understand that all licenses expire June 30th of each year.				
SIGNATURE OF APPLICANT			DATE SIGNED	

Make check or money order payable to: **WSDA**

Mail this application with remittance to: **Washington State Department of Agriculture
State Veterinarian
PO Box 42591
Olympia WA 98504-2591**